



PATIENT PRESENTING CLINICAL SIGNS

Bella Peters History: Anal prolapse secondary to stranguria.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Yorkshire terrier Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **Urinary System**

Age Full urinary bladder with a thickened, irregular, and mineralized mass (1.2 x 4 cm) filling the cranial aspect of the lumen. Small amount of floating hyperechogenic sediment and small uroliths present.

12 years

Thickened and irregular proximal urethra (0.4 cm) containing small uroliths.

WEIGHT

Normal trigone area and iliac blood vessels.

Normal iliac lymph nodes (left 1.4 cm, right 1.1 cm). Ureters not visualized.

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Normal size (left 3.6 cm, right 4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, pyelectasia (left 0.5 cm), and irregular capsule.

Reproductive System

N/A.

Adrenal Glands

Normal position with a rounded shape, hyperechogenic appearance, and enlarged. Left 0.72/0.88 cm, right 0.77/0.78 cm.

Spleen

Normal size (1.1 cm) and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. Mottled echogenic parenchymal nodule (0.5 x 0.7 cm) in the body of the spleen with no bulging of the overlying capsule.

Liver

Enlarged with rounded edges, hyperechogenic and nodular appearance, loss of portal markings, and regular curvilinear capsule. Nodules are hypoechoic and parenchymal. No masses evident.

Gall bladder

Full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.2 cm).

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Sonya Myers, DVM

HOSPITAL NAME

Lake Emma Animal Hospital

REFERRING VET

Dr Lesmes

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DATE

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PATIENT *Gastrointestinal*

Bella Peters Normal appearance of the stomach, duodenum, small intestine, and colon with no loss of layering, normal wall thickness (stomach 0.36 cm, duodenum 0.41 cm, jejunum 0.33 cm, colon 0.15 cm) and peristalsis, and no distension of the lumen.

SPECIES

Canine *Pancreas*

BREED

Normal size (left 0.5 cm, right 1.1 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Yorkshire terrier

Free Abdomen
SEX

Normal mesenteric lymph nodes (1.7 cm).
No ascites evident.

FS

Age

12 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Urinary bladder mass.
- Renal disease.
- Nodular hepatopathy.
- Splenic nodule.
- Bilateral adrenomegaly.

WEIGHT
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Secondary Findings:

- None.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonya Myers, DVM

The appearance of the urinary bladder is consistent with neoplasia with extension into the proximal urethra.

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The most likely etiology for the kidneys would be chronic kidney disease with bacterial nephritis and pyelonephritis, less likely differential diagnoses.

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Etiologies for the hepatopathy would be nodular regeneration, chronic hepatitis, granulomatous disease, and neoplasia.

Dr Lesmes

Etiologies for the splenic nodule would be hyperplasia, granuloma, hematoma, organized abscess, and neoplasia.

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Etiologies for the adrenal glands would be disease stress and pituitary-dependent Cushing's disease.

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Further assessment that could be considered would be urinalysis, urine culture, BRAF assay, catheter-assisted biopsy/aspirate of the bladder mass, FNA cytology of the liver and splenic nodule, and possibly adrenal function testing (ACTH stimulation/LDDS test).

With the extend of the urinary bladder mass and involvement of the proximal urethra, surgical excision would not be feasible and management palliative – NSAIDs and urethral stenting.



PATIENT IMAGES

Bella Peters

Urinary bladder

SPECIES

Canine

BREED

Yorkshire terrier

SEX

FS

Age

12 years

WEIGHT

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PATIENT Urethra

Bella Peters

SPECIES

Canine

BREED

Yorkshire terrier

SEX

FS

Age

12 years

WEIGHT



Spleen

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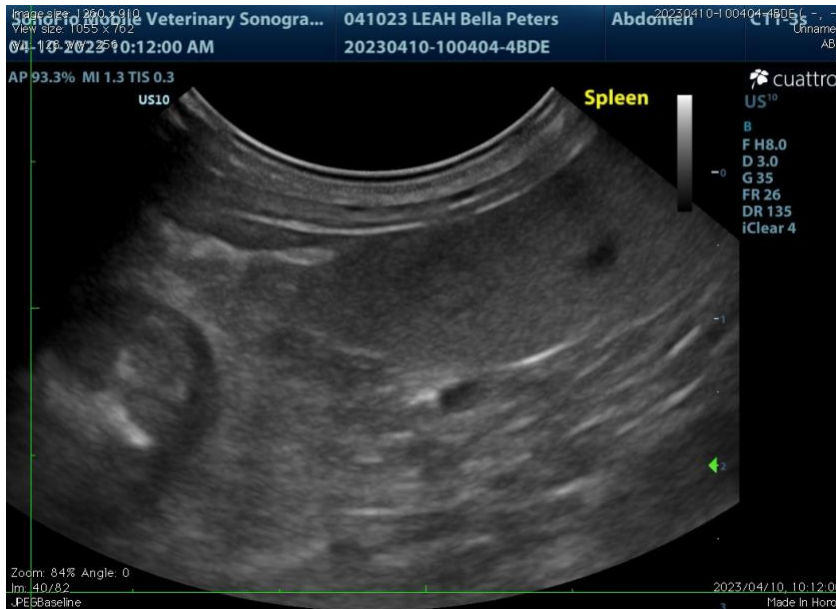
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PATIENT **Liver**

Bella Peters

SPECIES

Canine

BREED

Yorkshire terrier

SEX

FS

Age

12 years

WEIGHT



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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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